

EXAMPLE 5

NORTH CAROLINA MEDICAID REMITTANCE AND STATUS REPORT

DEB CORPORATION
ACCOUNTS RECEIVABLE DEPT
P O BOX 1111
ANYWHERE NC 22222

PROVIDER NUMBER 898887X				REPORT SEQ. NUMBER 17				DATE 12/13/1999		PAGE 2			
NAME		SERVICE DATES		DAYS OR UNITS	PROCEDURE/ACCOMMODATION/DRUG CODE AND DESCRIPTION	TOTAL BILLED	NON ALLOWED	TOTAL ALLOWED	PAYABLE CUTBACK	PAYABLE CHARGE	OTHER DEDUCTED CHARGES	PAID AMOUNT	EXPLANA- TION CODES
RECIPIENT ID		FROM	TO										
		MMDDCCYY	MMDDCCYY										
FINANCIAL ITEMS: ADJUSTMENTS (PRINCIPAL, PENALTY, INTEREST), REFUND, PAYOUT ACTIVITY													
RECIPIENT NAME/ RECIPIENT ID		FROM DOS/ TXN DATES	ADJUSTMENT ICN/ ORIGINAL CCN	TRANSFER CCN	PROVIDER % W/H / ADJUSTMENT % W/H LESS THAN 100%	TRANSFER INDICATOR	ORIGINAL/ TRANSFER AMOUNT (A)	FROM PRIOR CYCLE (B)	AMOUNT COLLECTED (C)	WRITE-OFF AMOUNT (D)	ENDING BALANCE (B-C-D=E) (E)	EOB	
ADJUSTMENTS NEGATIVE													
PRINCIPAL													
DOVE MARTIN 976542317P		08/01/1999 10/08/1999	931999264990110 1999281755440			Y	225000	200000	00	200000	00	2249	
SUB TOTAL:							225000	200000	00	200000	00		
PENALTY													
DOVE MARTIN 976542317P		08/01/1999 11/25/1999	1999329402350			Y	20000	20000	00	20000	00	2249	
SUB-TOTAL:							20000	20000	00	20000	00		
INTEREST													
DOVE MARTIN 976542317P		08/01/1999 11/25/1999	1999329502360			Y	2060	2060	00	2060	00	2249	
SUB-TOTAL:							2060	2060	00	2060	00		
TOTAL PPI:							247060	222060	00	222060	00		
(TOTAL OF COLUMN C FOR PRINCIPAL, PENALTY, AND INTEREST = TO "WITHHELD AMOUNT" ON CLAIMS PAYMENT SUMMARY PAGE)													

NOTE: Underlined items are fields that were expanded in order to become Y2K compliant